DOCUMENT RESUME

ED 244 451 EC 162 464

AUTHOR Grosenick, Judith K.
TITLE Meeting the Needs of Seriously Emotionally Disturbed/Behavior Disordered Students.
PUB DATE Apr 83
NOTE 23p.; In: Meeting Their Needs: Provision of Services to the Severely Emotionally Disturbed and Autistic. p1-22. Conference Proceedings (Memphis, TN, April 27-28, 1983). (EC 162 463).
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Attitude Change; *Autism; *Behavior Disorders; Definitions; *Delivery Systems; Educational Diagnosis; *Educational Needs; Elementary Secondary Education; *Emotional Disturbances; Handicap Identification; Screening Tests; Teacher Education

ABSTRACT

The keynote presentation in a 1983 conference on the needs of seriously emotionally disturbed/behavior disordered and autistic students identifies six areas of needs and proposes ways in which the needs may be resolved. The first need noted, identification, is addressed in terms of confusion and inadequate measures related to definitions, diagnosis, and screening. Human services, the second area of need, is discussed in terms of unserved students and teacher recruitment and retention. Gaps in the third area of need, service delivery, include lack of regular education alternatives, lack of career vocational programing, and inadequate options at the secondary level. Recommendations for improved service delivery center on alternative staffing and programing and the existence of collaborative programs. A lack of progress in developing interagency collaboration is noted as the fourth area of need, while the aspects of advocacy, parenting skills and attitudes, and community support are considered as the fifth. The roles of administrative personnel and professional organizations in fostering peer acceptance and community support are emphasized. The sixth and final need area identified is preservice and inservice teacher training; the author comments on the extensive growth in inservice education. (CL)

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THE KEYNOTE PRESENTATION

MEETING THE NEEDS OF SERIOUSLY EMOTIONALLY DISTURBED/BEHAVIOR DISORDERED STUDENTS

Judith K. Grosenick

EC 162464

MEETING THE NEEDS OF SERIOUSLY EMOTIONALLY DISTURBED/BEHAVIOR DISORDERED STUDENTS

Judith K. Grosenick
University of Missouri-Columbia

Any discussion of the topic "meeting the needs" of any population, including seriously emotionally disturbed/behavior disordered students, assumes that these needs have been identified. I feel certain that all of us, regardless of our position, e.g., special education teacher, counselor, psychologist, administrator, parent, teacher trainer, etc., have somewhere along the way developed our own version of a "needs" list. I am no exception. In fact, it was this very concern over needs that led to the creation of the National Needs Analysis Project in Behavior Disorders, a federally funded project which I have directed since 1979.

This project has and continues to explore and publish on various need-related topics including severe behavior disorders, adolescent behavior disorders, human resource issues, psychotherapy as a related service and disciplinary exclusion of behavior disordered students to name a few. Currently, we are putting the finishing touches on documents on categorical/noncategorical programming and social/emotional/affective curriculum.

Obviously, my "needs" list as well as some of the ways to meet these needs are based upon the work of the Needs Analysis Project as well as on my own involvement in the field over the past eighteen years. One of the problems about my "needs" list, however, it that it seemingly goes on into infinity and generally creates a gloom and doom atmosphere. In fact, several years ago while the Project was in the midst of compiling the needs data, I presented the needs list and a colleague came up afterward and indicated that it was reminiscent of the bombing of Hiroshima. This reinforced several thoughts to me. First, there are a multiplicity of needs in our field. We cannot deny, overlook or soft pedal that reality. Second, it is incumbent upon us to also look carefully at how we are trying to solve these problems. There are some good practices and caring people in the field. We must learn to step back from the problem and recognize these assets, not only because they do, in fact, exist, but also for the sake of our own mental health and morale.

It is my intent, therefore, to identify six major needs from my "needs" list, briefly describe the parameters of the needs and then to point to some positive practices which may contribute to the r solution or partial resolution of the problem.

It should also be remembered that this represents my list of needs from my perspective. Yours may or may not match. Each list is somewhat idiosyncratic to one's professional position, employment setting, geographical location, etc.

Finally, nothing is implied in the sequence of the list in terms of priority or magnitude of the need. It is clear, however, that these are complex issues comprised of a multitude of sub-issues. Moreover, while the needs are presented as separate and distinct entities, reality would point to their interrelationship. This, in itself, may compound the problem even more.

Need I: Identification

The answer to the inevitable question -- where does one begin in enumerating the plethora of needs of children and youth with disordered behavior -- is, of course, the beginning. For me the beginning is identification. Within this sizable area of need I would like to focus on definition and screening and diagnosis.

Definition

Much has been written lamenting the lack of a universally accepted definition of serious emotional disturbance/behavior disorders as well as the current definition associated with Public Law 94-142. With regard to the first need, I offer no new insight. I believe Frank Wood's (1979) monograph on disturbed, disturbing or disordered behavior has provided the field with a good stimulus for discussion relative to new definitions.

With regard to discontent with the P. L. 94-142 definition, I see at least two problems. First is the issue of the label itself: serious emotional disturbance. The usage of this term because of its psychiatric connotations and its historical implications of poor parenting has raised the discomfort level of numerous professionals in the field.

A second problem relates to the use of the term serious emotional disturbance with the particular definition delineated in the regulations. Most of you are aware that the P. L. 94-142 definition is the old Bower (1960) definition which has been with us in the field for some time. To some, the label serious emotional disturbance appears to be narrow, tight, very focused; while the definition itself appears very broad. This creates a certain amount of dissonance. Moreover, the Bower definition has historically been associated with the general term emotional disturbance/emotional handicapped, in a sense representing all levels of disturbance, mild, moderate and severe. To find it suddenly attached to the label serious emotional disturbance is disconcerting.

The confusion is best evidenced in schools that we visit which had established self-contained classes for the severely emotionally disturbed. One must assume that under such a conceptualization classes for mild and moderate seriously emotionally disturbed could also be established.

There are other problems related to the label and definition including the relationship between serious emotional disturbance and social maladjustment, serious emotional disturbance and juvenile delinquency and serious emotional disturbance and autism. This latter relationship seemingly has been resolved with the transfer of autism to a different category.

Screening and Diagnosis

There is a multiplicity of needs related to screening and diagnosis that is creating problems in the field. I will enumerate only a few.

1. Lack of Conceptualization: This criticism has been leveled particularly at the screening end of the process. Understanding what screening is, its purpose, who conducts it and how it is differentiated from assessment/diagnosis is sorely lacking in many school districts.

2. Quality of Instrumentation: We are all too painfully aware of the inadequacy of the instrumentation we have available to us, particularly in the social/emotional/behavioral areas. This lack has to impinge on the identification process and we must be prepared to deal with the implication.

3. Growing Waiting Lists: The 1982 report to Congress on the implementation of P.L. 94-142 draws attention to the problem of the growing number of children who are being placed on waiting lists to be evaluated. Because of factors such as: (a) re-evaluations, (b) personnel shortages, (c) uneven demands for evaluation, (d) difficulties in coordinating resources, (e) reliance on outside agencies for evaluations and (f) delays in sharing evaluation information among agencies, the timelines between referrals and actual evaluation have increased considerably. While the phenomenon is not just confined to seriously emotionally disturbed students, one can well imagine the tension that the system experiences when delays are encountered in moving this type of student through the identification process in a timely fashion.

4. Under-referrals: The problem of the number of unserved seriously emotionally disturbed children will be addressed in a later section. However, there are other practices which have been noted that speak specifically to the actual nonidentification of students as seriously emotionally disturbed. For example, fear of parental reaction has been a deterrent to referrals in some school districts. Also encountered have been administrators who bluntly inform teachers that no referrals for consideration as seriously emotionally disturbed will be taken because no services exist. Finally, an

interesting phenomenon of "delayed identification" has been documented. In this case, students are not openly evaluated as seriously emotionally disturbed. However, once the school district has located a teacher to staff a class of seriously emotionally disturbed students the class is automatically full.

5. Over-referrals: It seems safe to assume that if one end of the problem, that is, under-referrals, exists in some schools, so does the opposite end, i.e., over-referral. Concerns related to over-referral usually focus on (a) the large number of minority children and youth referred for evaluation as seriously emotionally disturbed, especially in metropolitan areas; and (b) the large number of children referred without an adequate attempt to intervene and problem solve at a building level prior to that referral. In a sense, this is analogous to exhausting one's administrative remedies. In some school districts, it is readily apparent that students are being referred for evaluation as seriously emotionally disturbed with minimal documentation of attempts to solve the problem at the local building level.

Finally, while not constituting over-referral, we must be alert to the sizeable increase in the number of secondary school students who are being referred for evaluation as seriously emotionally disturbed. Along with learning disabilities this constitutes the overwhelming majority of students being referred at the secondary school level. This must be put in the context that screening and diagnosis is less well-defined and implemented at the secondary level and the majority of secondary level regular education teachers have not been well trained relative to identifying and programming for handicapped students.

Directions for Resolution

Time does not permit discussing the possible resolution of identification needs in a thorough, studied fashion. At best, I can toss out a few teasers to serve as a stimulus for more debate and discussion. I would not even label this food for thought. It more closely resembles snacks or munchies.

With regard to definition, I would recall your attention to Frank Wood's monograph. By examining the current state-of-the-art of definitions, the components of a good definition and the various purposes and usages of definitions, I believe this document has provided a good foundation for the next step of postulating a definition of emotional disturbance/behavior disorders.

Our project has already taken a stand on terminology. We prefer behavior disorders to serious emotional disturbance. This is discussed at length in several of our documents so I will not reiterate our reasons here. It should be noted to allay the fears of those who would predict a rash of over-referrals accompanying the use of the broader term of behavior disorders that such a phenomenon is not substantiated. Analysis and comparison of the number of children served in states using broad labels such as behavior disorders, behaviorally impaired, etc. and those using the more focused label of serious emotionally disturbed, emotionally maladjusted, etc. reveal no significant differences.

It is my understanding that the Executive Committee of the Council for Children with Behavior Disorders as well as Council for Exceptional Children are supportive of this change of label. Work is underway to seek this label change within the 94-142 statutes.

With regard to screening and diagnosis a few positive directions also merit highlighting. While we decry our current lack of adequate instrumentation, it is apparent that many school districts have met this void through the establishment of a sound evaluative process which includes all the legal safeguards such as multifaceted evaluation, direct observation, parent involvement, etc. This seems to be the most productive route to follow. Thus, rather than relying on one instrument/person to establish the existence of a handicapping condition, a process which is multi-stepped, multi-sourced, multi-disciplinary, etc. will provide a firmer foundation for the diagnosis of serious emotional disturbance.

On the other hand, I am aware that the testing market is seeing an increase in the number of instruments being generated in the area of behavior disorders. Peer, self, parent and teacher behavior rating scales are emerging on the market. Some of these, hopefully, will prove to be useful as part of an evaluation process.

Finally, identification of behavior disordered/seriously emotionally disturbed children and youth is receiving much attention via inservice. Many states have made the entire area of serious emotional disturbance a training priority as reflected within their comprehensive systems of personnel development plans (CSPD). Naturally, within that broad area, a logical beginning point for inservice is identification.

Need II: Human Resources

The area of human resources is broad indeed. It includes not only the target population of children and youth with whom we are concerned but also regular and special education teachers; local program supervisors and administrators; support personnel such as counselors, psychologists, therapists; and even

state-level supervisors and administrators. For our purposes, however, the focus will be confined to the target population of children and youth and special education teachers.

Students Served/Unserved

It comes as no surprise to most professionals in the field that the area of serious emotional disturbance represents one of the most significantly unserved populations. The advent of Public Law 94-142 and its required documentation turned what has heretofore been a suspicion into a reality.

The 1982 report of Congress indicates that serious emotional disturbance is one of three categorical areas which has experienced significant increases in children identified and served. As of 1980-81 approximately 349,000 seriously emotionally disturbed students were served as compared to 283,000 in 1976-77. This constitutes approximately 8 percent of all the handicapped children served.

How many should we be serving? The question continues to be a topic of controversy. Literature and research findings qucte estimates from one percent through 35 percent. In the initial stages of P.L. 94-142, Special Education Programs (the Office of Special Education) used a two percent figure as the expected prevalence of serious emotional disturbance. Early data from the states indicated that just over 50 percent of the school age population was being counted. Interestingly, in subsequent Congressional reports, Special Education Programs altered the expected prevalence to 1.2 to 2 percent. Even then states were still only serving on the average of 80 percent. What may be even more interesting is that the latest report to Congress omits such data altogether. Despite this absence, there seems to be a pervasive belief that there are still significant numbers of school age students who are disordered by virtue of their behavior and are unidentified and/or unserved.

Special Education Teachers

In addition to teachers, seriously emotionally disturbed children and youth are served by a wide range of administrative and ancillary personnel. However, the bulk of educational contact with and service delivery to these students is provided by teachers certified in serious emotional disturbance.

The needs relating to the area of teaching personnel focus on both quantity and quality. The need in terms of sheer numbers is clearly documented. Serious emotional disturbance is one of four areas in special education that is in greatest need of teachers. In fact, according to a study (1980) by the National Association of State Directors of Special Education (NASDSE) the need for teachers with serious emotional disturbance was rated as critical. This state of affairs has been confirmed by other researchers (Schofer & Duncan, 1980) who report that over 90

percent of the states indicate that demand for teachers exceeds supply in behavior disorders. Moreover, half the states rate these shortages as most severe.

The concern over quality in personnel revolves around the widespread practice of employing less than fully certified teachers. Obviously, with a dire lack of fully trained teachers to staff classes for seriously emotionally disturbed children and youth, service delivery providers have been forced to draw upon less than fully certified personnel. In general, our study found that temporary certification ranged between 20 to 50 percent statewide, with tremendous variance between school districts and service delivery facilities. For example, public school programs **usually** have the least temporary certification, yet in some rural areas, it may run as high as 75 percent. Mental health and correctional facilities also rely more heavily on temporary certification. Sometimes as much as 80 percent of their teaching staff hold temporary certification.

Finally, one cannot discuss teacher supply and demand, at least in this day and age, without mentioning attrition and burnout. When discussing the topic it really is critical that we do not equate attrition and burnout. Burnout seems more appropriately classified as one of many reasons why people leave the profession each year. While burnout may be a significant contributor to attrition, particularly in the area of serious emotional disturbance, recent studies are pointing to economics and family reasons -- accommodating a spouse -- as leading factors behind attrition.

Ironically, economics is also hypothesized as having the reverse effect on attrition, that is, given high unemployment in other fields, teachers are less inclined to leave their positions as readily as before. This was one explanation proffered for the decrease in attrition rates in a recent replication of an earlier study which had found attrition rates as high as 21 percent for teachers in the area of serious emotional disturbance.

Even with lowering attrition rates, at least in some states, there is a differential within the pattern of attrition. Rural areas, for example, suffer more attrition than urban areas. Adolescent programs in the area of serious emotional disturbance experience more attrition than elementary programs. Programs for the most severely disturbed students lose teachers faster than programs for mild/moderately impaired.

One less well-known fact that concerns me particularly as a teacher educator is that approximately 20 percent of graduates from training programs in behavior disorders never make it to the marketplace. That represents another drain on the potential workforce which our field cannot clearly stand.

Directions for Resolution

The needs in the area of human resources truly reflect a complex set of problems. For that reason, it is more difficult to identify isolated practices which are addressing these needs.

Certainly the numbers of children served and programs created have grown and we must take heart in that. However, we have a long way to go to approximate most commonly accepted prevalence estimates. For that reason, it is encouraging to see that at the national level and in many states the press for programming in the area of serious emotional disturbance is still a priority. That kind of emphasis will be necessary if we are ever going to be able to reach a point where professionals feel we are serving a more realistic proportion of those in need.

The need for additional teachers in the field presents an equally perplexing problem. It is hard for us to propose solutions when a significant portion of the problem relates to economic issues, e.g., teacher salaries, successful bond issues and tax levy campaigns, etc. In the National Needs Analysis Project's document on human resource issues (1980), several suggestions were made which still warrant serious exploration. They include:

1. Active Recruitment: Training programs must develop and plan active recruitment campaigns in the area of serious emotional disturbance. For most programs, this will be a real shift in position since we have historically been waiting for students to come to us. However, with enrollments in higher education declining to some degree in the next few years, active recruitment may be a realistic activity for a host of reasons. In general, recruitment efforts should be focused on the areas of greatest need. For example, there appears to be proportionately greater shortages of qualified persons to teach the adolescent, the severely behavior disordered and for positions in non-public school settings. In order to attack the problem of teacher shortage in rural areas, intensive recruitment of persons from geographical areas experiencing such shortages must be considered.

2. Field-Based Off-Campus Training: Some training institutions have already explored and/or implemented training programs that are delivered predominantly off-campus. While numerous problems may be encountered in the effort, the concept merits serious consideration for several reasons. For purposes of this discussion, however, we should not overlook the positive impact this potentially could have on reducing teacher shortages in the specific geographical area in which the training program is being offered.

3. Staff Respite: Local school districts are beginning to consider this possibility. The usual method is that a teacher is entitled to a year's sabbatical at full or partial pay after completion of a certain number of years in the district (often 3-5). Additionally, the teacher agrees to return to the district for one or two years following the sabbatical. This process allows for a teacher to regenerate rather than "burnout".

4. Accumulation of Seniority: Another positive consideration in some school districts is the tabulation of seniority across all years of teaching experience, not just for years in a given specialization. Thus, a teacher who teaches five years in behavior disorders and then chooses to teach two years in learning disabilities accumulates seven years of seniority rather than just two. By not limiting seniority to status in one specialization, teachers can more readily consider taking positions with more difficult students since they will not lose seniority if they should ever wish to change roles again in the future.

5. Attention to Environmental Factors: One of the positive benefits of all the research into the topic of burnout and attrition is the information and direction it points toward for solving the problem. Our initial response to the issue of burnout was to increase the number of inservice sessions on stress management, time management, relaxation strategies, etc. These certainly fill a needed void. However, the attrition research is also showing us that there are other factors such as the school climate, the administrator's attitude, etc. which also contribute significantly to feeling burned out. We must not overlook those aspects of the school environment when we want to launch a successful campaign to reduce burnout.

6. Teacher Support Systems: Interestingly, we are seeing a resurgence of informal and formal networking among teachers of the seriously emotionally disturbed. While such support groups had been prevalent in the late 1960's they decreased in their visibility, if not number, during the 1970's. Now we hear teachers clamoring more for opportunities to talk to one another, share ideas, etc. Even in large districts where a teacher of a class for behavior disordered children may not be the only one such animal in a building, such support is being sought. Some of this may be related to the fact that program supervisors and administrators who once had time to stop by classrooms, observe, offer suggestions, etc. are now inundated with paperwork and due process and are not available to provide the support they previously had.

7. Employee Assistance Groups: Finally, reflecting perhaps a combination of #5 and #6, there is a movement underway to establish employee assistance groups within schools. This is a model adopted from industry. It basically is designed on the premise that certain employees may be encountering problems, e.g., stress, drugs, alcohol, financial difficulty, which interfere with their productivity. If the problem could be remediated, however, the employee would be a valuable contributing member of the team. Thus, a variety of services, including counseling, financial advisement, etc., is available to help the employee get back on the track. Such programs have potential for teachers we suspect of drifting into the later stages of psychological and/or physical burnout.

Need III: Service Delivery

It comes as no surprise that the public schools are the major provider of educational services to seriously emotionally disturbed children and youth. Anywhere from 75 to 95 percent of the population are served within the public schools.

As might also be expected, if one surveys an entire state, a range of program options are available for this population. Included among the types of programs available are itinerant services, resource rooms, self-contained classes, special schools, out-of-district day placement, out-of-district residential placement, consultant teachers and homebound instruction. According to the 1982 report to Congress approximately 40 percent of the behavior disordered population are served in the regular classroom with aid and support for less than 50 percent of the day. Almost an equal number is served in separate classes, while the remaining percentage is predominantly served in separate, special schools.

As indicated within states, a continuum of services is usually observable. However, the probability is much smaller that a full continuum of services exists within individual districts within a state. Hence, it is not uncommon to find gaps in the range of services. The most frequently encountered holes in the system are:

Lack of Regular Education Alternatives

Many students in public school settings exhibit a variety of behavioral difficulties for which classroom teachers would like assistance. Lack of in-building alternatives other than special education to assist classroom teachers in dealing with student's behavioral problems has contributed to over-referral, inappropriate verification for eligibility and total reliance on special education services for handicapped student programming.

Inadequate Options at the Secondary Level

Services for seriously emotionally disturbed adolescents on any widespread basis is a relatively new addition of the continuum of services. Even so, there is general consensus that seriously emotionally disturbed adolescents are among the least appropriately served students with special needs. This may be the result of a variety of reasons including difficulty of providing services, inadequately trained teachers or uncertainty for eligibility. Certainly, one most commonly encountered reason is the lack of options at the secondary level. This lack has translated into usage of a variety of exclusionary provisions as a major intervention for behavior disordered youth. Such techniques as continuous suspension, in-school suspension, shortened school day, administrative transfer, ignored truancy and homebound are frequently encountered as means for dealing with adolescent age behavior disordered students. While some of these may have an appropriate place in the disciplinary life of a school, their heavy usage with specific populations leads to questions regarding the provision of an appropriate education.

Lack of Career/Vocational Programming

Closely correlated is the lack of programming in career and vocational areas. Currently the number of seriously emotionally disturbed students participating in such options is minuscule. Whether because these options have not been developed as of yet or because behavior disordered students are being denied access to such programs, the end result is the same.

Lack of Services Across Community Agencies

The previous factors listed represent voids in an inadequate continuum of services within an educational context. There are communities and states, however, that have severe gaps in a broader sense that limit services to seriously emotionally disturbed children and their families outside of school. It is apparent that the family and out-of-school environment have a major impact on a seriously emotionally disturbed student, his/her progress and the school program. Inadequate support services for this family and out-of-school environment adversely affect student progress and lower efficiency and effectiveness of the school program. Usually the problem of insufficient support systems for families of seriously emotionally disturbed children is twofold in nature. First, some needed support services are not available and second, services that are available are not provided on a coordinated basis. This latter problem really jumps ahead to our fourth area of need on interagency collaboration. Let us simply note here that among the support services most frequently lacking are (a) assistance in dealing with personal and interpersonal issues within and among family members, (b) the development of skills necessary to assist a family to remain intact, and (c) need for expanded

continuum of care options such as respite care, crisis intervention, foster care, group home and even in some states, residential facilities.

Directions for Resolution

There is virtually no way within the parameters of my task that I can list and describe the numerous good or promising practices that school districts and other service providers are doing for seriously emotionally disturbed children and youth across the nation. Conferences such as this one, however, usually facilitate that flow of information through minisessions, cracker-barrel sessions and small group sharing. I have chosen to highlight only a couple of areas that warrant our attention.

1. School districts are exploring a wide array of alternative interventions or support services for implementation at the building level. Options such as (a) rearranging class schedules, (b) changing a student's teacher, (c) counseling, (d) crisis intervention teacher, (e) alternative learning centers, and (f) behavioral consultants are a sample of some less intensive options. In addition, some buildings have adopted the concept of a "teacher assistance team". This mechanism is designed to assist classroom teachers in handling mild to moderate behavioral problems in the classroom as well as those identified behavior disordered students who are mainstreamed. The teacher assistance team concept involves a pre-referral team meeting process which is aimed at generating alternative intervention strategies for dealing with behavioral problems. It is anticipated that generation of alternatives by building level personnel will foster a consistent and improved data base for the diagnosis of behavioral disorders. By utilizing in-building alternatives, classroom teachers receive assistance with students with behavioral difficulties and at the same time collect behavioral data relative to the effect of the building interventions for decision-making. Use of in-building generated alternatives by the building "team" places emphasis on expertise at the school level to solve behavior problems and assists teachers so that only the most severe, and, hence, those most likely to be verified, are ultimately referred. The process involved with the use of a building level team may provide a way for teachers to receive assistance in intervening with students with mild to moderate behavioral difficulties without going through a time consuming and costly diagnostic process.

2. In light of the shortage of teachers in the area of serious emotional disturbance, noncategorical and/or cross-categorical programs are being advocated as one of the solutions to the problem, particularly in rural areas. There are strongly dichotomized opinions

regarding the desirability of this move. Proponents of the movement support its shift away from the stigma of labeling while asserting that the pool of potential teachers for seriously emotionally disturbed children would increase. Those opposed to the move maintain that such programs may hypothetically increase the teacher pool but, in reality, drastically reduce the number of persons committed to the unique problems of seriously emotionally disturbed children and youth, especially the more severe problems. In practice, the critics maintain that non-categorically certified teachers seek less stressful, less frustrating job positions. These positions seldom include behavior disordered children and youth. I do not intend to try to resolve that issue today. However, we are witnessing a growth of non-categorical programs and thus they represent an attempt to resolve the service delivery problems, particularly for rural areas.

3. Slowly the area of vocational/career education is opening up for the adolescent behavior disordered population. Some options other than college-bound curriculum are beginning to open access to our youth. Work study programs, pre-vocational study programs, simulated work experiences, off-campus work stations and cooperative programming with area vocational-technical schools are possibilities that exist in some places in small numbers.

4. Since I listed voids in the community care continuum under service delivery, I will call your attention to the increasing number of collaborative programs that are being started to address these voids. Through cooperative efforts between agencies such as school districts and mental health, school districts and corrections, school districts and private providers, extended day programs, after-care programs, transition (reintegration) programs, and parent training programs are being gradually developed to provide support to the behavior disordered student and/or his/her parents.

Need IV: Interagency Collaboration

The area of interagency collaboration has grown and flourished in the last 5-7 years for numerous reasons not least of which were the Federal mandates, economic constraints and pressures from the consumer/client. Trying to promote two or more agencies to work together to openly and honestly discuss, plan, implement and evaluate ideas and programs is an awesome task. It is also frustrating and tiring. It can be challenging and rewarding if and when the mutual goals are finally reached.

There are a multitude of ways in which agencies can collaborate anywhere along the continuum of programming for behavior disordered students from planning, identification, service

delivery and program evaluation. It is important, however, that we keep uppermost in our minds that collaboration is a process. It is not just a paper product called an interagency agreement. In the press for implementation of the Federal mandate we witnessed a flourish of interagency agreements, joint memorandums, executive orders, etc. all designed to attest to the existence of a process. Unfortunately, we found out that many of these paper agreements reflected no collaboration at all. When one looks at the obstacles in the way of collaboration, it is no surprise that such efforts are few and far between. Competition for declining resources, conflicts in statutory mandates, duplication of services, lack of communication, problems of confidentiality and transfer of records, lack of information sharing, inadequately trained staff for collaboration, philosophical differences, and resistance to change are only a few (and I emphasize a few) of the many barriers facing the people who attempt to address the need for collaborative efforts.

Directions for Resolution

Given the dearth of what is being done in the general area of interagency collaboration, we find ourselves at a fairly primitive level relative to a base of information. However, there are an increasing number of efforts underway. Let me mention a few.

Several states have established, on a pilot basis, a case management team for the state or a specific geographic region therein to discuss and resolve the treatment of particularly troublesome children and youth. This population, predominately behavior disordered, has usually been through a multiplicity of services within a city, county or state, exhausting all these services and still yet remaining a problem. By bringing together agency decision makers with the focus on delivery of service to untreatable students, not only do the barriers become quickly identified, but perhaps more quickly resolved. It simply represents one approach to mutual problem solving.

My own project, an offshoot of the National Needs Analysis Project, has been working with interagency leadership cadres from two to three states to identify and implement activities which are interagency in nature and which have as a goal the improvement of services to seriously emotionally disturbed children and youth.

I just recently returned from a visit to Dallas where I interacted with an interagency task force of local directors of special education, educational directors in state mental health facilities, correctional facilities and private residential treatment centers. This group is working to establish better transition programs for severely disturbed adolescents who get shunted (and usually lost) between and among those various systems. I mention this project in particular because of its inclusion of the private providers as partners in collaboration.

John McLaughlin and his colleagues are working from a different perspective. They have developed training materials including simulation games to help persons involved in the collaborative process. As I indicated earlier, one of the obstacles to collaboration is that personnel from decision makers to grass roots deliverers of service have had little experience in working together collaboratively. Thus, there is a real need in the area for training materials. As you might expect, much of the focus of such training is on communication since this seems to be the single most critical component to successful collaboration.

Need V: Advocacy/Parents/Community

While a few factors regarding parents and community have been mentioned, there are several others that also merit attention.

Advocacy

Advocates on behalf of children and youth with disordered behavior take many forms: individuals, agencies, and organizations. Usually if one digs deep and long enough, one finds such a group within a state. This may include parents, mental health personnel, teachers of behavior disordered children and youth and trainers of teachers of behavior disordered children and youth. While finding such a group is not impossible, the evaluation of the effectiveness of most of these groups is moderate at best. This is particularly true when viewed in light of the strong advocacy movements in other areas of special education.

Parent Skill/Attitude

The needs that relate to parents of seriously emotionally disturbed children and youth are multifold. For example, some parents lack basic parenting skills or skills to control their children. Some parents with marginal parenting skills find themselves pushed to their limits especially in the press of today's economic pressures. It becomes easier to give up. One simply has no other energy to give to controlling the family. Of course, we have, and continue to face, parents whose views on the value of education differ from ours.

Community Support

When we talk about community support in many respects we are talking about community attitudes. While not all the negative feelings communities have about supporting education is directed toward children with disordered behavior, it most certainly affects them. Moreover, we are well aware in many small communities that the child or youth with serious emotional problems is highly visible, well-known to the community and usually not well liked. It is interesting to see in those "infamous family" cases in small towns how the community has no sense of ownership of that child or his/her problems.

Another problem that is straining community attitudes is that of violence in the schools. Junior and senior high schools are plagued with a variety of forms of violence, e.g., verbal abuse, vandalism, personal violence, theft, disruption, etc. Certainly we are aware that a large percentage of these offenses are not committed by students labeled behavior disordered. On the other hand, some are. My concern rests not so much with numbers or percentages of behavior disordered students involved in crimes of violence but rather with the potential effect of interventions that schools are using to combat this violence. The successful strategies to decrease high rates of violence focus on increased disciplinary intervention (as opposed to security). For a population, such as seriously emotionally disturbed youth who have difficulty with rule-following behavior, heightened emphasis on discipline could prove to be problematic.

Directions for Resolution

Whenever we talk about attitudes it seems that we find ourselves on softer ground relative to directions for resolution. Certainly, I feel that way when we discuss community attitudes, perhaps less so when we discuss parental attitudes and skills.

Parent involvement, of course, has increased with the advent of P.L. 94-142. Numbers document the quantitative nature of that involvement. There still remain some questions about the quality of that involvement. However, work by professionals such as Roger Kroth, Richard McDowell and their colleagues have done much to help teachers, both regular and special, to interact with parents in more positive ways. The work of these gentlemen is among the notables on the growing list of programs in the area of parent education, parent awareness, communication with parents, parenting skills, etc.

The advent of mainstreaming also was accompanied by an increased attention to the attitudes of others -- other teachers, other students, other parents, other professionals -- toward the handicapped, including the seriously emotionally disturbed. Training materials usually with heavy emphasis on simulation have been marketed to heighten other's sensitivity to the handicapped. I really have not seen much evidence of impact of these materials, however, on our area.

That does not lessen the need to address the attitudinal issue. It is critical that persons, both internal and external to the school, have a better understanding of programs for seriously disturbed students. As simplistic as it sounds, it is essential that before programs for behavior disordered students are initiated in any school district/building all necessary and appropriate groundwork be laid. All too often students are identified as seriously emotionally disturbed and when sufficient numbers of such accumulate, a class is started. Such an approach is definitely not built upon mutual understanding. Instead, a first step in matching the expectations

of educators having responsibility for BD programs is to discuss their particular expectations of such programs. All levels of personnel within the districts (from the school board, to district administrators/supervisors, to building administrators, to regular educators, and BD teachers) should explore what their expectations are as part of the process involved in defining district policy on programs for behaviorally disordered children and youth. This has particular relevance in relation to discipline policies and practices.

The initial leadership role should be carried by central administrative/supervisory staff. They should assist a building in preparing to implement a program for behavior disordered students. The building administrator(s), guidance counselors, special teachers, and appropriate central administrator should reach some level of agreement on what that program is to accomplish. Once consensus on this has been reached, it becomes possible to discuss how to utilize the special teacher as well as the other resources in the building. Such preparation should help narrow the differences in expectation and consequently enhance the services to behavior disordered students.

Finally, professional organizations in the area of behavior disorders should also consider mechanisms which they might sponsor which would enhance community understanding of seriously emotionally disturbed children and youth and programs for this population. As indicated earlier, the attitudinal problem is not confined to the educational profession, but pervades communities at large. Given that few formal advocacy groups exist in the area of behavior disorders, the task of educating communities must fall to other parts of the system. It may well be that professional organizations in the area of behavior disorders are logical and appropriate vehicles for organizing and implementing community awareness campaigns.

Need VI: Training

As a teacher trainer in the area of behavior disorders, it would be impossible for me to discuss needs and need resolution without some mention of training, both preservice and inservice. By preservice, I mean that college or university training leading to a degree and/or certification which precedes employment with the population under consideration. Inservice, on the other hand, is training delivered to personnel currently employed in serving behavior disordered children and youth.

Preservice

The problems of preservice training are multifold and include concerns with program content, numbers of students and number and quality of the teacher trainers. Only a few brief observations on lack of these do I have time to share.

First, although services to behavior disordered children and youth occur in different environments, i.e., public school, facilities for neglected or delinquent, mental health facilities, and private schools, there appear few systematic efforts to train teachers differentially at the preservice level. Almost without exception, colleges and universities report that the only distinction in training programs relative to eventual service delivery environment is the type of placement a student receives for his/her practicum (student teaching) experience. I am not certain how much or what form such training would take in order to insure that our graduates can function adequately across differential service delivery systems. I simply am aware that state and local education agency persons continue to express concern that our program graduates are not prepared for the jobs ahead of them, particularly in youth corrections, mental health facilities and adolescent age behavior disordered programs in the public schools. We need also to remember that training for this range of environments is usually being conducted in programs staffed by one, two, or three persons.

While on the topic of numbers, the University is making it increasingly more difficult to ignore number of students. If you remember that in most states, training institutions, in combination, are producing less than 1/5 of all teachers of serious emotionally disturbed children and youth, you can see how small most training programs are. Given declining enrollments in higher education accompanied by decreasing fiscal resources, such small programs will come under greater scrutiny in the next decade. Fortunately, the case for need is usually so dramatic that we have enjoyed less threat than some of the other training programs in education.

Inservice

The area of inservice training has expanded greatly since the passage of P.L. 94-142. By far, the largest amount of inservice conducted, is done so by the public schools. Most of the training, however, has been oriented to regular education faculty and emphasizes behavior management, behavior modification, mainstreaming behavior disordered students and identification of emotional problems. In fact, many states have designated behavior disorders as one of the highest training priorities on the comprehensive systems of personnel development plans (CSPD). While such effort and emphasis is laudable, we must not overlook providing inservices to the teachers of behavior disordered children and youth. I am aware of several states that have become increasingly sensitive to this work and are designing workshops, conferences and other varied educational experiences that focus on specific needs of behavior disordered children and youth.

Finally, there has been universal disenchantment with the historically used "Dog and Pony Show." This is a one person, two hour spiel on a currently popular "topic". This is not to

imply that such forms of inservice have no role within the overall conceptualization of inservice. Quite the opposite is true. It is valuable basically as an awareness, consciousness-raising technique. As such, it is an initial step in most learning processes. The problem lies in the fact that most schools and institutions seek inservice as a way to upgrade the skills of their staff; that is, they are looking for behavior change in their personnel. They perceive, often quite accurately, that this sort of "inservice" does not effect that change. Unfortunately when such inservice does not provide behavior change, they then feel that they have wasted time and money on "inservice." Persons who provided this type of inservice are equally upset since the implication is that they weren't "good enough" or "didn't do their job well." In fact, many inservice providers now refuse to be involved in such sessions due to the growing, and somewhat unfair, criticism of that work. It is imperative, therefore, that inservice providers and recipients are clearly aware of the goals of any specific inservice and that such programs are consonant with the expectation of both parties.

More serious is the need on the part of providers and recipients of inservice to rethink the entire process. If the goal of behavior change is a valid one, and most would agree that it is, then it is necessary to incorporate what we know about learning processes into the delivery of inservice. Recipients of inservice cannot expect to get large scale behavior change from one, two or three two-hour sessions per year. Providers cannot expect to accomplish that goal within that format. Therefore, inservice designed to provide behavior change must be reconceptualized as an integrated, ongoing process which requires a time and money commitment on the part of recipients.

Directions for Resolution

Several of the positive steps underway in the area of training have already been mentioned. State CSPD plans reflect serious emotional disturbance as a priority. In fact, several years ago, the Division of Personnel Preparation, Special Education Programs, activated a training initiative in the area of serious emotional disturbance. Certainly such efforts emphasize the relative import of behavior disorders among the numberous and varied training needs in special education.

The last few years have also witnessed an increasing number of conferences, such as this one with a focused concern on seriously emotionally disturbed children and youth. CEC, for example, held a topical conference on behavior disorders only a couple of years ago, followed by a second one which Sheldon Braaten hosted in Minneapolis last September. The states of Missouri, Nebraska, Iowa, and Kansas formed a consortium and sponsored a Midwest symposium for leadership persons in behavior disorders this past February. I am certain there are numerous others across the nation. These provide excellent, smaller, more intimate opportunities to learn and share than can sometimes be achieved at large organizational conventions.

New approaches to training including competency-based, noncategorical, field-based models are being explored as possible means to enhance both quality and quantity in training. These have been mentioned previously as well as the need for more active student recruitment.

Recently, too, we have seen more local and state inservice which brings together service delivery personnel from a variety of facilities, i.e., public schools, mental health facilities, private treatment facilities and correctional facilities. This trend has several benefits attached to it including enhancing interagency awareness, communication and collaboration.

Conclusion

It is apparent as one examines the major needs associated with educating seriously emotionally disturbed children and youth that this is an area in dire need of attention. One is also impressed (if not overwhelmed) with the complexity and enormity of the problems involved in trying to overcome the reality and obstacles confronting services to this population. There is no doubt that the challenge is there. The question we must each ask ourselves - are we ready to accept - and push ahead in meeting this challenge.

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